Application or Docket Number

Effective January 1, 2003													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			24				RAT	Ε	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			M minus 20=		* 4		X\$ 9)=	36	OR	X\$18=	*	
INDEPENDENT CLAIMS			3 minus 3 =		*		X42	=		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+140)=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	TOTA	AL.	411	OR	TOTAL		
CLAIMS AS AMENDED - PART II									7 .		OTHER	THAN	
	(Column 1) (Column 2) (Column 3)							LL I	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=		
	Independent	*	Minus	***		=	X42	=		OR	X84=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +14)=		OR	+280=		
								TAL		OR	TOTAL ADDIT. FEE		
		ADDIT.		-	•	ADDII. 1 CC							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=		
	Independent	*	Minus	***	F (2) A 18 4	=	X42	=		OR.	X84=		
<u> </u>	FINST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM	زل_	+140)=		OR	+280=		
							TO ADDIT. I	TAL		OB	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)										ADDIT. FEET		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=	X42	=		OR	X84=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=								OR	+280=	<u> </u>		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										ΛP	TOTAL		
	If the "Highest Nu	ADDIT. I	-EE		1 ~	ADDIT. FEE							

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 12/02)